

Application for Town Business License

P.O. BOX 309 EATONVILLE, WASHINGTON 98328

This License required under Ordinance No. 90-15

License # _____

FOR OFFICE USE ONLY

DATE: _____

RECEIPT# _____

CHECK _____

FEE MUST ACCOMPANY APPLICATION

TO BE ISSUED TO		TRADE NAME	
LOCATION ADDRESS		ZIP CODE	BUSINESS PHONE
MAILING ADDRESS		ZIP CODE	
RESIDENCE ADDRESS		ZIP CODE	RESIDENCE PHONE
KIND OF BUSINESS- GIVE DETAILS		HOME BASED BUSINESS: YES ____ NO ____	
		PLEASE CHECK ONE ____ MANUFACTURING ____ RETAIL ____ CONTRACTOR ____ SERVICE ____ WHOLESALE	
STATE SALES TAX NO. _____ (MANDATORY)		CONTRACTORS LICENSE # _____	
PLEASE INDICATE OWNERSHIP STATUS		INDIVIDUAL ____	PARTNERSHIP ____
		CORPORATION ____	
LIST PARTNERS, OR CORPORATE OFFICERS		TITLE	RESIDENCE ADDRESS
			RESIDENCE PHONE
THIS BUSINESS WAS FORMERLY OPERATED BY...		PRESENT ADDRESS	
DID YOU TAKE OVER		BUSINESS LICENSE NUMBER	
____ ENTIRE BUSINESS ____ PORTION THEREOF ____ % YOU OWN			
HAVE YOU EVER HAD AN EATONVILLE BUSINESS LICENSE? IF SO, COMPANY NAME		BUSINESS LICENSE NUMBER	
____ YES ____ NO			
DO YOU HAVE A BRANCH OFFICE OUTSIDE THE CITY LIMITS? IF SO, GIVE ADDRESS			
NAME AND ADDRESS OF PARENT COMPANY			

SCHEDULE OF ADDITIONAL BUSINESS LOCATIONS IN EATONVILLE

If business is conducted in more than one location within the Town of Eatonville complete schedule of business locations on bottom of application sheet. List each plant, factory store, office or other location; give name and address of brokers, warehousemen or other persons representing taxpayer in this city if no office or warehouse is maintained in taxpayer's name. There is a charge for additional business licenses for branch locations.

NAME UNDER WHICH OPERATED	STREET ADDRESS	MAILING ADDRESS	WHERE BOOKS KEPT

PLEASE LIST TWO NAMES AND PHONE NUMBERS FOR CONTACT IN CASE OF EMERGENCY:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

TRADE NAME _____

SIGNED BY _____

OFFICE/TITLE _____

APPLICATION DATE

OPENING DATE OF BUSINESS

FOR OFFICE USE ONLY**APPROVED BY:**

TOWN CLERK: _____ DATE: _____ BUILDING DEPT.: _____ DATE: _____

POLICE CHIEF: _____ DATE: _____ FIRE CHIEF: _____ DATE: _____

PUBLIC WORKS: _____ DATE: _____ PLANNING: _____ DATE: _____